

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

11 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH	2b. HOUR		
SARA			TRESSA	BOGART	Oct. 1 1968	Month	Day	Year	
3. SEX		Female	4. RACE	White	S. DATE OF BIRTH	6. AGE (In years last birthday)		IF UNDER 1 YEAR	
					June 15, 1868	100	MONTHS	IF UNDER 24 HRS.	
7a. BIRTHPLACE (State and country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Island Prince Edward		U.S.A.				Garrett			
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working-life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY	
Oakland		Cuppett-Weeks N.H.			Housewife			Own home	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER			
Md.		Garrett		Shallmar					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last	
William		Daniel	Grigg		Sara	-		Baker	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT	Address				
No		120-22-2411		Nursing Home Records					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <u>4409</u>									6 weeks
(b) <u>Arteriosclerosis, generalized</u> DUE TO, OR AS A CONSEQUENCE OF (c)									Years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) <u>4500</u>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>2-22-65</u> , 19 <u>19</u> , to <u>9-5-68</u> , 19 <u>19</u> , that (I) <input checked="" type="checkbox"/> last saw the deceased alive on <u>9-5-68</u> , 19 <u>19</u> , and that in (my) <input checked="" type="checkbox"/> opinion death occurred on the date and hour and from the causes stated above, (I) <input checked="" type="checkbox"/> (We) <input type="checkbox"/> (did not) view the body after death.									
22b. SIGNATURE <u>James H. Feaster</u>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 10-1-68			
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS James H. Feaster, Jr., M.D.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 4/68	23c. NAME OF CEMETERY OR CREMATORIAL Hingham Cemetery		23d. LOCATION (City or Town) Hingham, Plymouth Co. Mass		(County) (State)		
24. FUNERAL DIRECTOR <u>Long Island Chapel</u>		Baltimore, W.Va. P.O. Box 272 Miller, Md.		25a. REC'D BY REGISTRAR DATE OCT 4 1968		25b. REGISTRAR'S SIGNATURE <u>Charles J. Feaster</u>			

6207

6207

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

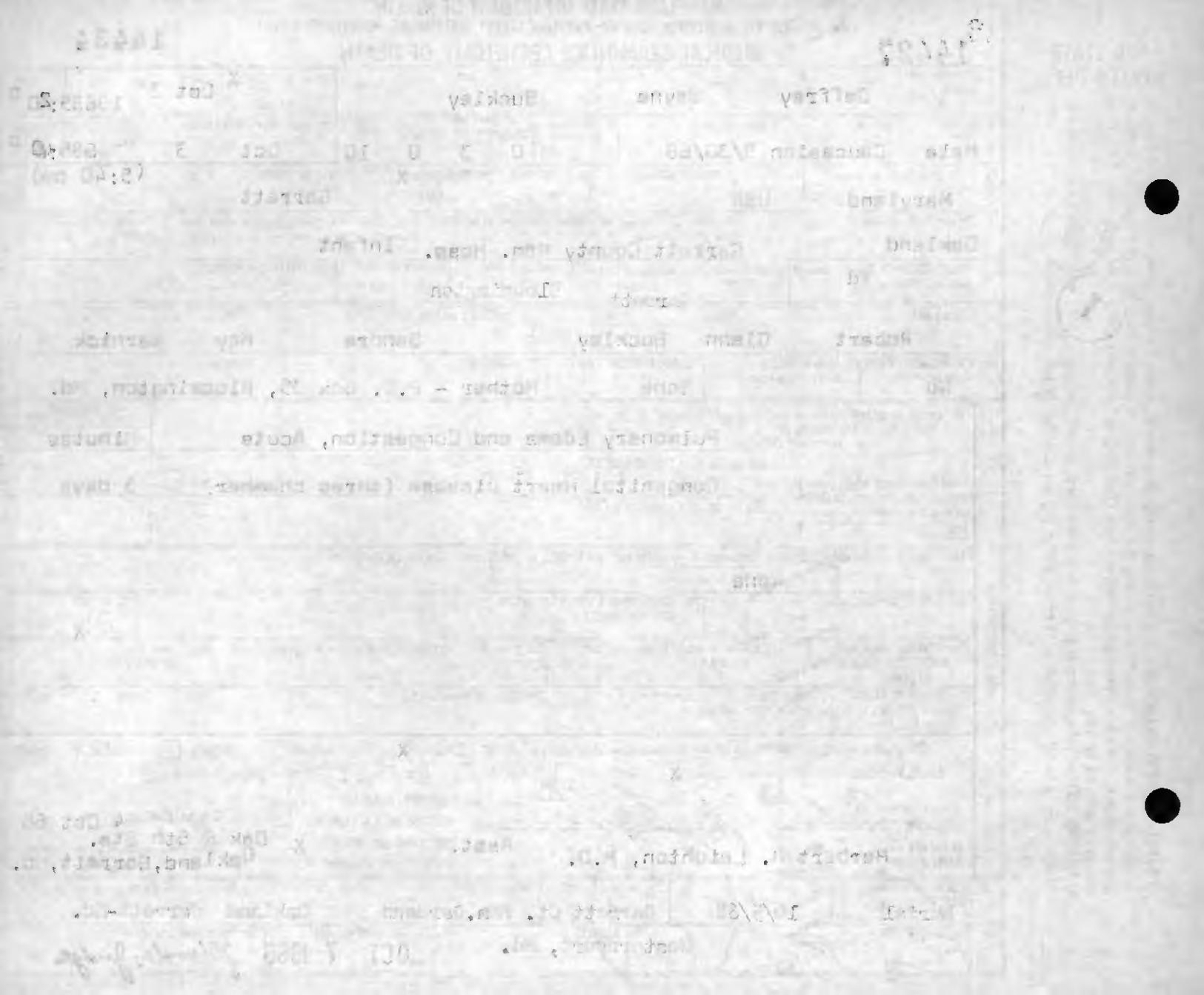
14434

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print)		First Jeffrey	Middle Wayne	Last Buckley	20. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/>	Month Oct	Day 3	Year 1968	2b. HOUR 10:40 P.M.
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 3	HOURS 0	MIN 10	2c. DATE PRONOUNCED DEAD Month Oct	2d. HOUR Day 3
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	9. COUNTY OF DEATH Garrett	7c. DATE (5:40 pm)				
7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	9. COUNTY OF DEATH Garrett						
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett County Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md		13b. COUNTY Garrett	13c. CITY OR TOWN Bloomington	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER				
14. FATHER'S NAME First Robert		Middle Glenn	Last Buckley	15. MOTHER'S MAIDEN NAME First Sandra	Middle Kay	Last Warnick			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give name or dates of service) None		17. INFORMANT Mother - P.O. Box 35, Bloomington, Md.		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Pulmonary Edema and Congestion, Acute				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. {		DUE TO, OR AS A CONSEQUENCE OF (b) Congenital Heart Disease (three chamber)				3 days			
		DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. MEDICAL CERTIFICATION 7545		19b. DATE OF OPERATION None		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE <i>Herbert H. Leighton</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 4 Oct 68			
EXAMINER'S NAME (Type)		Asst. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Oak @ 5th Sts.		ADDRESS (Street, city, town, or county) Oakland, Garrett, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/5/68		23c. NAME OF CEMETERY OR CREMATORIAL Garrett Ct. Mem. Gardens		23d. LOCATION (City or Town) Oakland		(County) Garrett	(State) Md.
24. FUNERAL DIRECTOR <i>E.J. Boal</i>		ADDRESS Westernport, Md.		25a. REC'D BY REGISTRAR DATE OCT 7 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			



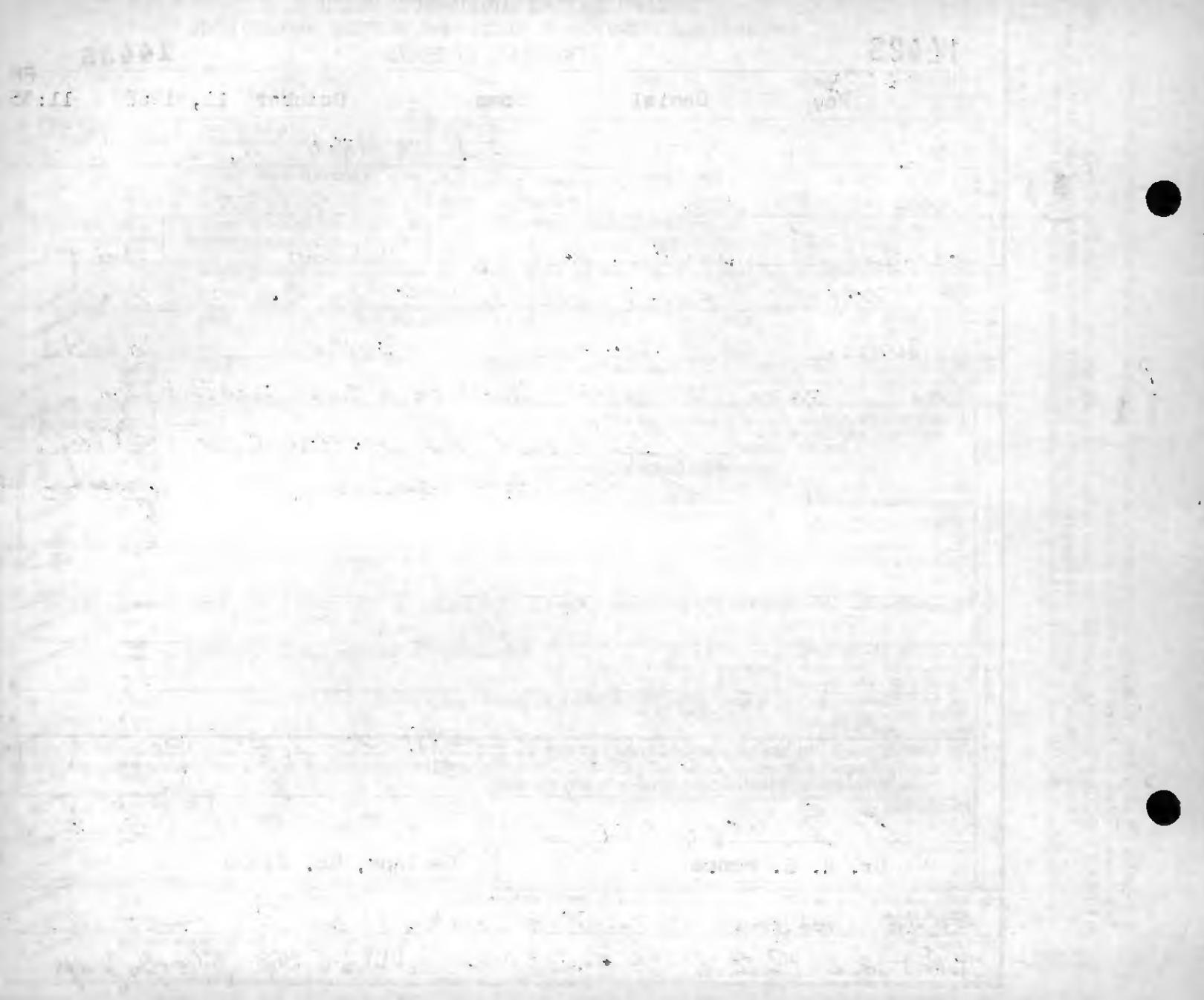
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper from pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 14428				14435				
1. DECEASED NAME (Type or print)	First Roy	Middle Daniel	Last Comp	2a. DATE OF DEATH October Month 11, Day 1968	2b. HOUR 11:35			
3. SEX Male	4. RACE White	5. DATE OF BIRTH July 14, 1896		6. AGE (In years last birthday) 72 yrs.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	IF UNDER 24 HRS. HOURS 0	
7a. BIRTHPLACE (State or foreign country) Md	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Garrett	Md.				
10. CITY OR TOWN OF DEATH Oakland	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Mem.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Electrician		12b. KIND OF BUSINESS OR INDUSTRY Steel				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md	13c. CITY OR TOWN Deer Park	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER Church Street					
14. FATHER'S NAME First William	Middle C.	Last Comp	15. MOTHER'S MAIDEN NAME First Bertie	Middle Uphold	Address Mrs Eppie A Comp Deer Park, Md			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. 215-05-0657	17. INFORMANT Mrs Eppie A Comp	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day					
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conical Leucoblastis IMMEDIATE CAUSE (b) extenuated IMMEDIATE CAUSE (c) years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 332x								
19a. DATE OF OPERATION 332x		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from 8/28/68 to 10/15/68, that (I) (we) last saw the deceased alive on 10/16/68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE Dr. A. E. Mance		DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 18 Oct 68				
22d. PHYSICIAN'S NAME (Type) Dr. A. E. Mance		22e. ADDRESS Oakland, Md. 21550						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-15-68	23c. NAME OF CEMETERY OR CREMATORIAL Deer Park Cemetery	23d. LOCATION (City or Town) Deer Park Garrett 777d	(County) Garrett	(State) Md.		
24. FUNERAL DIRECTOR Robert Kyle Ruth A. Fitzmiller, Md.		ADDRESS 777d	25d. REC'D. BY REGISTRAR OCT 16 1968	25b. REGISTRAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14429

14436

To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician, page 4 may be retained by the hospital or attending physician. Page 4 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 hours after death.

1. DECEASED-NAME (Type or print)		First Dennis	Middle Crabtree	Last	2a. DATE OF DEATH Month 10	Year 68	2b. HOUR 1:43 M				
3. SEX Male		4. RACE White		5. DATE OF BIRTH Sept. 28, 1874	6. AGE (In years last birthday) 94 YRS.		IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN. 0	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett						
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial H.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired Laborer		12b. KIND OF BUSINESS OR INDUSTRY Tin Mill					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Allegany		13c. CITY OR TOWN Oldtown	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER None					
14. FATHER'S NAME Joseph Crabtree		15. MOTHER'S MAIDEN NAME Lynda Moreland									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT Mr. Rexford Crabtree, Cumberland, Md.-Son		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema - peripheral vascular						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 4109		DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction									
DUE TO, OR AS A CONSEQUENCE OF (b)											
DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Cardio-Vascular Disease											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201											
19a. DATE OF OPERATION 2		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from 8/20 , 19 57 , to 10-9- , 19 68 , that (I) (was) last saw the deceased alive on October 9, 1968 , and that in (my) (was) opinion death occurred on the date and hour and from the causes stated above, (I) (was) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Herbert H. Leighton, M.D.</i>				ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 10 Oct 1968	
22d. PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D.		22e. ADDRESS Oak @ 5th Street, Oakland, Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 12, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Oldtown Cemetery		23d. LOCATION (City or Town) Oldtown, Md.		(County) Allegany		(State)	
24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.		ADDRESS James F. Scarpelli, Cumberland, Md.		25a. REC'D BY REGISTRAR OCT 14 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

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第十一章

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第二部分

2020-07-20

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自 1957 年以來，我國在農業、工業、交通、建築、醫藥、文化、教育、科學、技術、軍事等各個領域都取得了前所未有的成績。

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PHM. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14437

| | | | | | | | | | | | | |
|---|---|--|--|--|-------------------------------------|--|---|--|------------------|---------------------|---|--|
| 1. DECEASED-NAME
(Type or Print) | First
GRACE | Middle
ALICE | Last
FRIEND | 2a. DATE KNOWN
OF ESTI.
DEATH MATED | Month
Oct | Day
20 | Year
1968 | 2b. HOUR
6:15 P.M. | | | | |
| 3. SEX
Female | 4. RACE
White | S. DATE OF BIRTH
April 28, 1890 | 6. AGE (in years
less than today)
78 yrs. | IF UNDER 1 YEAR
MONTHS
0 | IF UNDER 24 HRS
DAYS
0 | HOURS
0 | MIN.
0 | 2c. DATE PRONOUNCED DEAD
Month
10 | Day
21 | Year
1968 | 2d. HOUR
10 A.M. | |
| 7a. BIRTHPLACE (State or foreign
country)
Maryland | 7b. CITIZEN OF WHAT COUNTRY?
USA | 8. MARRIED
<input type="checkbox"/> NEVER MARRIED
<input checked="" type="checkbox"/> WIDOWED
<input type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH
Garrett | | | | | | | | | |
| 10. CITY OR TOWN OF DEATH
Sang Run | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address) | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired.)
Housewife | | | 12b. KIND OF BUSINESS OR
INDUSTRY
Own home | | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
Md. | 13b. COUNTY
Garrett | 13c. CITY OR TOWN
Sang Run | 13d. INSIDE CITY LIMITS?
<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO | 13e. STREET AND NUMBER | | | | | | | | |
| 14. FATHER'S NAME
First
Stephen | Middle
DeWitt | Last | 15. MOTHER'S MAIDEN NAME
First
Jenny | Middle | Last
Rodeheaver | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown)
No | 16b. SOCIAL SECURITY NO.
(If yes give war or dates of service) | 16c. INFORMANT
None | 17. INFORMANT
Mrs. Emory DeWitt, Sang Run, Maryland | | ADDRESS
(Daughter) | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
Sudden | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

4109
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave
rise to immediate cause (a).
stating the underlying cause
last. }

(b) <u>Arteriosclerotic cardio-vascular disease</u>
DUE TO, OR AS A CONSEQUENCE OF
(c) | | | | | | | | | | | | |
| 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
4201 | | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED? | | | | 20. AUTOPSY?
<input type="checkbox"/> YES
<input checked="" type="checkbox"/> NO | | | | | | |
| 21a. EXTERNAL CAUSE WAS
PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>
CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year
HOUR A.M.
P.M.
19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) | | | | | | | | | |
| 21d. INJURY OCCURRED
WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/>
AT WORK <input type="checkbox"/> | 21e. PLACE OF INJURY (At home, farm, street,
factory, office building, etc.) | 21f. LOCATION Street or R.F.D. No.
City or Town
County
State | | | | | | | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion
death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | | |
| ACTUAL
SIGNATURE
<i>James H. Feaster, Jr., M.D.</i> | EXAMINER'S
NAME (Type) | | CHIEF MEDICAL EXAMINER
<input type="checkbox"/>
M.D. | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | 22b. DATE SIGNED
10-21-68 | | | | |
| EXAMINER'S
NAME (Type) | | | | | | | | | | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | |
| ADDRESS (Street, city, town, or county)
Oakland, Garr., Md. | | | | | | | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | 23b. DATE
Oct. 23, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL
Sang Run Cemetery | 23d. LOCATION (City or Town)
Sang Run, Garr., Md. | (County) | (State) | | | | | | | |
| 24. FUNERAL DIRECTOR
John O. Durst | ADDRESS
John O. Durst, Oakland, Maryland | 25a. REC'D BY REGISTRAR
John O. Durst | | 25b. REGISTRAR'S SIGNATURE
John O. Durst | | | | | | | | |

TECH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14438

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certified by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | |
|---|---|---|---|--|--|---|----------------|
| 1. DECEASED NAME
(Type or print) | First
Jean | Middle
Isabell | Last
Griffith | 2a. DATE OF DEATH
Month
October | Day
18 | Year
1968 | 2b. HOUR
M |
| 3. SEX
Female | 4. RACE
White | 5. DATE OF BIRTH
May 17, 1869 | | | 6. AGE (in years
last birthday)
99 yrs. | IF UNDER 1 YEAR
MONTHS
GAYS
HOURS
MIN. | |
| 7a. BIRTHPLACE (State or foreign country)
California | 7b. CITIZEN OF WHAT COUNTRY?
USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. COUNTY OF DEATH
Garrett | | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Oakrest Nursing Home | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired)
Housewife | | | 12b. KIND OF BUSINESS OR
INDUSTRY | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before
admission) STATE
Maryland | 13b. COUNTY
Allegany | 13c. CITY OR TOWN
Cumberland | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER
421 Furnace Street | | | |
| 14. FATHER'S NAME
Archibald | Middle
Stewart | Last
Isabell | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) | 16b. SOCIAL SECURITY NO.
(If yes give war or dates of service) | 17. INFORMANT
Laurence D. Griffith | Address 421 Furnace St.
Cumberland, Maryland | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
4001
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
last | | | | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
015 | |
| (b)
DUE TO, OR AS A CONSEQUENCE OF
Antherosclerosis | | | | | | 412. | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
Hour A.M. Month Day Year
P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State |
| 22a. I certify that (I) (this hospital) attended the deceased from <u>Sept.</u> , 19 <u>67</u> , to <u>Oct.</u> , 19 <u>68</u> , that (I) (we) last
saw the deceased alive on <u>16 Oct</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE
<i>B.L. Grant MD</i> | | DEGREE
ATTENDING
PHYS. | <input checked="" type="checkbox"/> MED.
DIRECTOR | <input type="checkbox"/> STAFF
PHYS. | 22c. DATE SIGNED
21 Oct 1968 | | |
| 22d. PHYSICIAN'S
NAME (Type)
<i>B.L. Grant MD</i> | | 22e. ADDRESS
<i>Oakland, Md</i> | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
<i>Burial</i> | 23b. DATE
Oct. 21, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL
Frostburg Mem. Park | | | 23d. LOCATION (City or Town)
Frostburg | (County)
Allegany | (State)
Md. |
| 24. FUNERAL DIRECTOR
Philip B. Wendt - Wendt Funeral Home | ADDRESS | | 25a. REC'D BY REGISTRAR
OCT 24 1968 | | 25b. REGISTRAR'S SIGNATURE
<i>Charles Judge</i> | | |



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14432

14439

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | |
|--|---|---|--|---|---|---|---|
| 1. DECEASED NAME
(Type or print) | First
Daniel | Middle
Ray | Last
Hinebaugh | 2a. DATE OF DEATH
Month
October | Day
11 | Year
1968 | 2b. HOUR
A.M.
10:50 |
| 3. SEX
Male | 4. RACE
White | 5. DATE OF BIRTH
June 28, 1892 | | 6. AGE (In years
last birthday)
78 | | IF UNDER
MONTHS
YRS. | IF UNDER 24 HRS
HOURS
MIN. |
| 7a. BIRTHPLACE (State or foreign country)
Maryland | 7b. CITIZEN OF WHAT COUNTRY?
USA | 8. MARRIED
<input checked="" type="checkbox"/> | NEVER MARRIED
<input type="checkbox"/> | 9. COUNTY OF DEATH
Garrett, | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Gair Do. Memorial | | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired.)
Engineer, Ret. | | | 12b. KIND OF BUSINESS OR
INDUSTRY
B&O RR |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE
Maryland | 13b. COUNTY
Garrett | 13c. CITY OR TOWN
Deer Park | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER | | | |
| 14. FATHER'S NAME
William | First
F. | Middle
Hinebaugh | Last | 15. MOTHER'S MAIDEN NAME
Fanny | Middle | Last | McCrabie |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
No
(Yes, no, or unknown) | 16b. SOCIAL SECURITY NO
705-07-6790 | | 17. INFORMANT
Jack Hinebaugh, Deer Park, Md. | Address (Grandson) | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Pulmonary edema APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
Sudden
41 & 1
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
last } (b) Arteriosclerotic CV D years
(c) Arteriosclerosis general years | | | | | | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
tria | | | | | | | |
| 19a. MEDICAL CERTIFICATION
DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No | City or Town | County | State | |
| 22a. I certify that (I) (this hospital) attended the deceased from
saw the deceased alive on 1/6/68 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE
A. E. Mance, M.D. | | ATTENDING PHYS.
<input checked="" type="checkbox"/> MED DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | 22c. DATE SIGNED
120 Oct 68 | | | | |
| 22d. PHYSICIAN'S NAME (Type) | | 22e. ADDRESS
Oakland, Maryland | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify) | | 23b. DATE
Oct 14 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL
Deer Park Cem. | | 23d. LOCATION (City or Town)
Deer Park, Garrett, Md. | (County) | (State) |
| 24. FUNERAL DIRECTOR
John O. Durst | | ADDRESS
John O. Durst, Oakland, Maryland | 25a. REC'D. BY REGISTRAR
DATE
OCT 15 1968 | | 25b. REGISTRAR'S SIGNATURE
Charles Judge | | |



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14440

14435

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Age 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 days after death.

| | | | | | | | | |
|--|--|--|---|--|---|--|---|--------------------|
| 1. DECEASED NAME
(Type or print) | | First Jessie | Middle Edith | Last Kelly | 2a. DATE OF DEATH
Month October | Day 26 | Year 1968 | 2b. HOUR
1:45 M |
| 3. SEX
Female | | 4. RACE
White | 5. DATE OF BIRTH
July 4, 1890 | | 6. AGE (in years
last birthday)
78 | | IF UNDER 1 YEAR
MONTHS 3
DAYS 22
HOURS MIN | |
| 7a. BIRTHPLACE (State or foreign country)
West Virginia | | 7b. CITIZEN OF WHAT COUNTRY?
USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH
Garrett County | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett County Memorial | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired)
Housewife | | 12b. KIND OF BUSINESS OR
INDUSTRY
Home | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
STATE West Va. | | 13b. COUNTY
Preston | 13c. CITY OR TOWN
Masonstown | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER | | | |
| 14. FATHER'S NAME
Arthur | | First W. | Middle Carrico | Last | 15. MOTHER'S MAIDEN NAME
Mary | Middle | Last Fretwell | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
No | | 16b. SOCIAL SECURITY NO. | | 17. INFORMANT
<i>Eleanor Gilmane</i> | | Address
Kingwood, W. Va. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) <i>myocardial infarction</i>
410.9
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause
(b) <i>ischemic heart disease</i>
DUE TO, OR AS A CONSEQUENCE OF
(c) <i>atherosclerotic cv dis</i> | | | | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
MIN | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.) | | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY
(AT HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION
Street or R.F.D. No. | City or Town | County | State | | |
| 22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | |
| 22b. SIGNATURE
<i>B. L. Grant</i> | | DEGREE | ATTENDING
PHYS.
<input type="checkbox"/> | MED.
DIRECTOR
<input type="checkbox"/> | STAFF
PHYS
<input type="checkbox"/> | 22c. DATE SIGNED
OCT 30 1968 | | |
| 22d. PHYSICIAN'S
NAME (Type) | | 22e. ADDRESS
Oakland, Maryland | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | | 23b. DATE
10/29/68 | 23c. NAME OF CEMETERY OR CREMATORIAL
Masontown Cemetery | | 23d. LOCATION (City or Town)
Masontown | (County)
West Va. | (State) | |
| 24. FUNERAL DIRECTOR
<i>Frank J. Williams</i> | | ADDRESS
Kingwood, West Va. | | 25a. REC'D BY REGISTRAR
DATE OCT 30 1968 | 25b. REGISTRAR'S SIGNATURE
<i>Charles Judge</i> | | | |



FOR STATE
HEALTH DEPT.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P.M. 2045, which may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
14434 Item 5 Film

14441

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | | | | | | |
|---|---|--|--|---|---|---|---|------------------------------|
| 1. DECEASED NAME
(Type or Print) | First
Delmos | Middle
Owen | Last
Lambert | 20. DATE KNOWN
OF ESTI-
DEATH MATED
<input checked="" type="checkbox"/> | Month
Oct | Day
5 | Year
1968 | 2b. HOUR
9:30 P.M. |
| 3. SEX
Male | 4. RACE
Cauc. | S. DATE OF BIRTH
2/21/32 1951 | 6. AGE (in years
and birthday)
17 yrs | 7. IF UNDER 1 YEAR,
MONTHS
0 | 8. IF UNDER 24 HRS,
DAYS
0 | 9. MIN
0 | 2c. DATE PRONOUNCED DEAD
Oct 6 | 2d. HOUR
3:00 P.M. |
| 7a. BIRTHPLACE (State or foreign
country)
Beverly, W. Va. | | 7b. CITIZEN OF WHAT COUNTRY?
USA | | 8. MARRIED
<input type="checkbox"/> NEVER MARRIED
<input checked="" type="checkbox"/> | | 9. COUNTY OF DEATH
Garrett | Md. | |
| 10. CITY OR TOWN OF DEATH
Oakland | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett Co. Mem. Hosp. | | 12a. J.S.A.L OCCUPATION (Kind of work done
during most of working life, even if retired.)
Student | | 12b. KIND OF BUSINESS OR
INDUSTRY
School | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
W. Va. | | 13c. CITY OR TOWN
Randolph | | 13d. INSIDE CITY LIMITS?
YES | 13e. STREET AND NUMBER
Rt. 1 | | | |
| 14. FATHER'S NAME
Dolphin | First
Owen | Middle
Lambert | 15. MOTHER'S MAIDEN NAME
Donna | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)
No | 16b. SOCIAL SECURITY NO
(If yes give war or dates of service)
34-86-0953 | | 17. INFORMANT
Mrs. Donna A. Lambert | ADDRESS
Beverly, W. Va. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) | | Compound Skull Fracture - Aspiration of
blood | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
minutes | | | |
| Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
lost.

(b) | | DUE TO, OR AS A CONSEQUENCE OF
Automobile Accident | | | | | | |
| (c) | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
Fracture of pelvis | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED | | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. EXTERNAL CAUSE WAS
PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>
CAUSE OF DEATH
10:30 P.M. 10/5 1968 | | 21b. TIME OF INJURY Month, Day, Year
HOUR AM
P.M.
10/5 1968 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
Thrown from automobile | | | | |
| 21d. INJURY OCCURRED
WHILE <input type="checkbox"/> NOT WHILE
AT WORK <input checked="" type="checkbox"/> AT WORK | | 21e. PLACE OF INJURY (At home, farm, street,
factory, office building, etc.)
Beside highway | | 21f. LOCATION Street or R.F.D. No
3 mi. South Rt#90 | | City or Town
Bayard | County
Grant | State
W.Va. |
| 22a. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion
death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | |
| ACTUAL
SIGNATURE
<i>Herbert H. Leighton</i> | | MD | | | CHIEF MEDICAL EXAMINER
<input type="checkbox"/> | | 22b. DATE SIGNED 10/6/68 | |
| EXAMINER'S
NAME (Type)
Herbert H. Leighton, M.D. | | | | | ASSISTANT MEDICAL EXAMINER
<input type="checkbox"/> | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Oak @ 5th Sts. | |
| ADDRESS (Street, city, town, or county) Oakland, Garrett, Md. | | | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | 23b. DATE
10/10/68 | 23c. NAME OF CEMETERY OR CREMATORIAL
Moore Cemetery | | | 23d. LOCATION (City or Town)
Tucker, W. Va. | | (County)
Tucker | (State)
W. Va. |
| 24. FUNERAL DIRECTOR
Gerald N. Minnick | ADDRESS
Oakland, Maryland | | | 25a. REC'D BY REGISTRAR
Charles Judge | | 25b. REGISTRAR'S SIGNATURE
Charles Judge | | |
| DATE OCT 16 1968 | | | | | | | | |



FOR STATE
HEALTH DEPT.

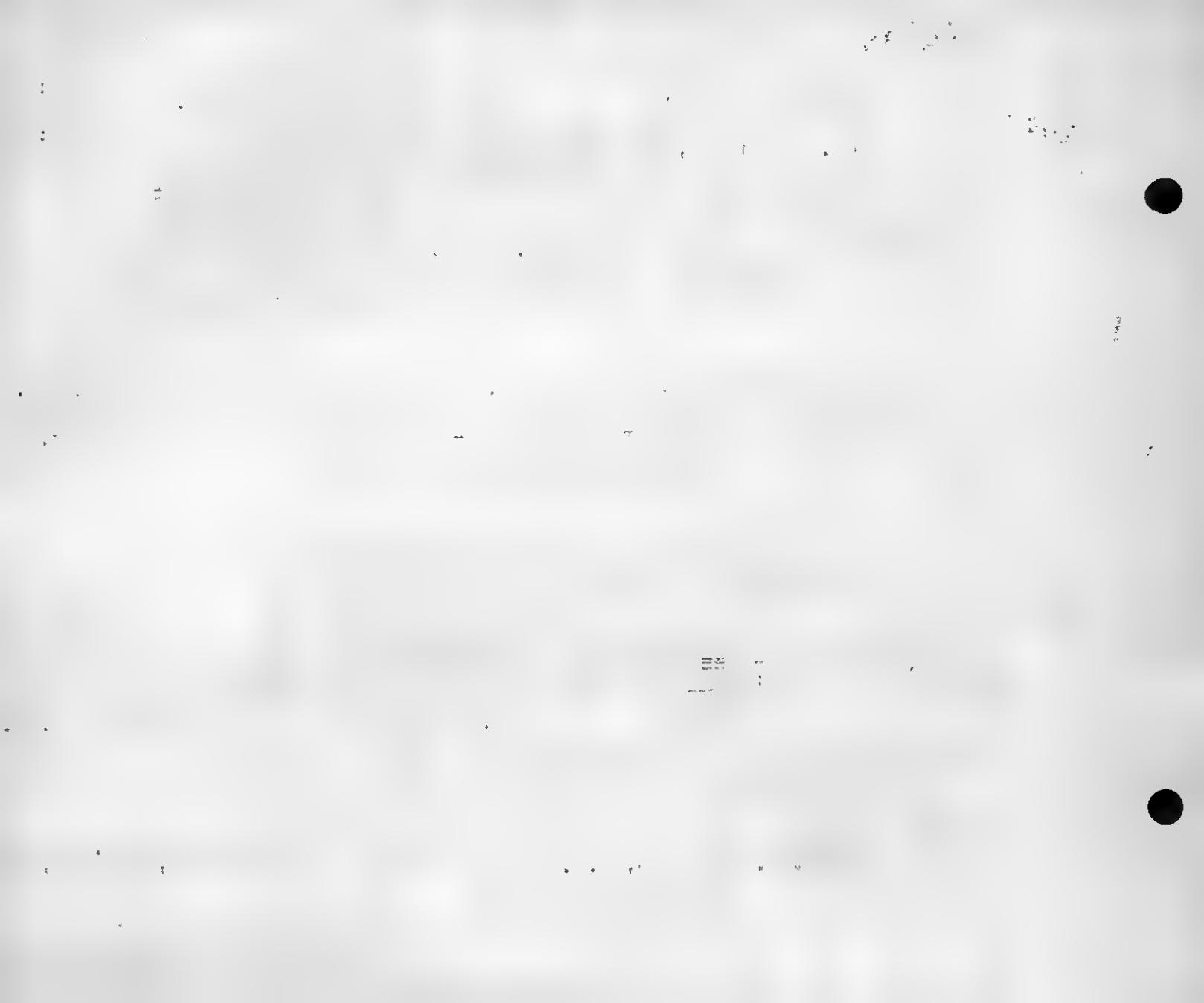
PM3
Date
14435

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14442

| | | | | | | | | | |
|---|--|--|--|--|-----------------|--------------------------------|---|--------------|--|
| 1 DECEASED NAME
(Type or Print) | First
Raymond | Middle
Leonard | Last
Louk | 2a DATE KNOWN
OF EST
DEATH MATED | Month
Oct | Day
5 | Year
1968 | 9:30
P.M. | |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (in years
last birthday) | F UNDER 1 YEAR | IF UNDER 24 HRS | | | | |
| Male | Cauc. | June 22, 1947 | 21 yrs | MONTHS | DAYS | HOURS | MIN | | |
| 7a BIRTHPLACE (State or foreign
country) | 7b CITIZEN OF WHAT COUNTRY? | 8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 9 COUNTY OF DEATH | 2c DATE PRONOUNCED DEAD
Month Oct Day 6 Year 1968 1:15 P.M. | | | | | |
| West Virginia | USA | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | Garrett | | | | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett Co. Mem. Hosp. | | | 12a USUAL OCCUPATION (Kind of work done
during most of working life, even if retired) | | | 12b KIND OF BUSINESS OR
INDUSTRY
Wood | | |
| 13a USUAL RESIDENCE (Where deceasedived, if institutional
admission) STATE
W. Va. | 13b COUNTY
Randolph | 13c CITY OR TOWN
Beverly | 13d INSIDE CTY, LM TS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e STREET AND NUMBER
Rt. 1 | | | | | |
| 14. FATHER'S NAME | First
Jured | Middle
Louk | Last | 15 MOTHER'S MAIDEN NAME
Flossie | Middle | Last
Wegman | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | 16b. SOCIAL SECURITY NO
(If yes give war or dates of service)
no 232-74-3463 | 17 INFORMANT
Mrs. Kathryn Louk Valley Head, W. Va. | ADDRESS | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-
IMMEDIATE CAUSE (a) Badly crushed skull - Crushed chest APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
Instant. | | | | | | | | | |
| Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
(b) Automobile Accident
DUE TO, OR AS A CONSEQUENCE OF
(c) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
8244 Fracture Left Femur | | | | | | | | | |
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED? | | | 20 AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21a EXTERNAL CAUSE WAS
PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>
CAUSE OF DEATH | 21b TIME OF INJURY Month, Day, Year
-HOUR 9:30 P.M. 10/5 1968 | 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
Thrown from automobile | | | | | | | |
| 21d. INJURY OCCURRED
WHILE
AT WORK <input type="checkbox"/> NOT WHILE
AT WORK <input checked="" type="checkbox"/> | 21e PLACE OF INJURY (At home, farm, street,
factory, office, building, etc.)
Near Highway | 21f LOCATION Street or R.F.D. No
3 mi. South Rt#90 | City or Town
Bayard | County
Grant | State
W.Va. | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion
death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | |
| ACTUAL
SIGNATURE
<i>Herbert H. Leighton</i> | M.D. | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | | | |
| EXAMINER'S
NAME (Type) | Herbert H. Leighton, M.D. | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | | | |
| 23a BURIAL, CREMATION,
REMOVAL (Specify)
Burial | 23b DATE
10/10/68 | 23c NAME OF CEMETERY OR CREMATORIUM
Brick Church Cemetery | 23d LOCATION (City or Town)
Huttonsville, W. Va. | (County) | (State) | 22b DATE SIGNED
OCT 16 1968 | | | |
| 24. FUNERAL DIRECTOR
<i>Gerald N. Minnich</i> | ADDRESS
Oakland, Maryland | 25a REC'D BY REGISTRAR
Charles Judge | 25b REGISTRAR'S SIGNATURE | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

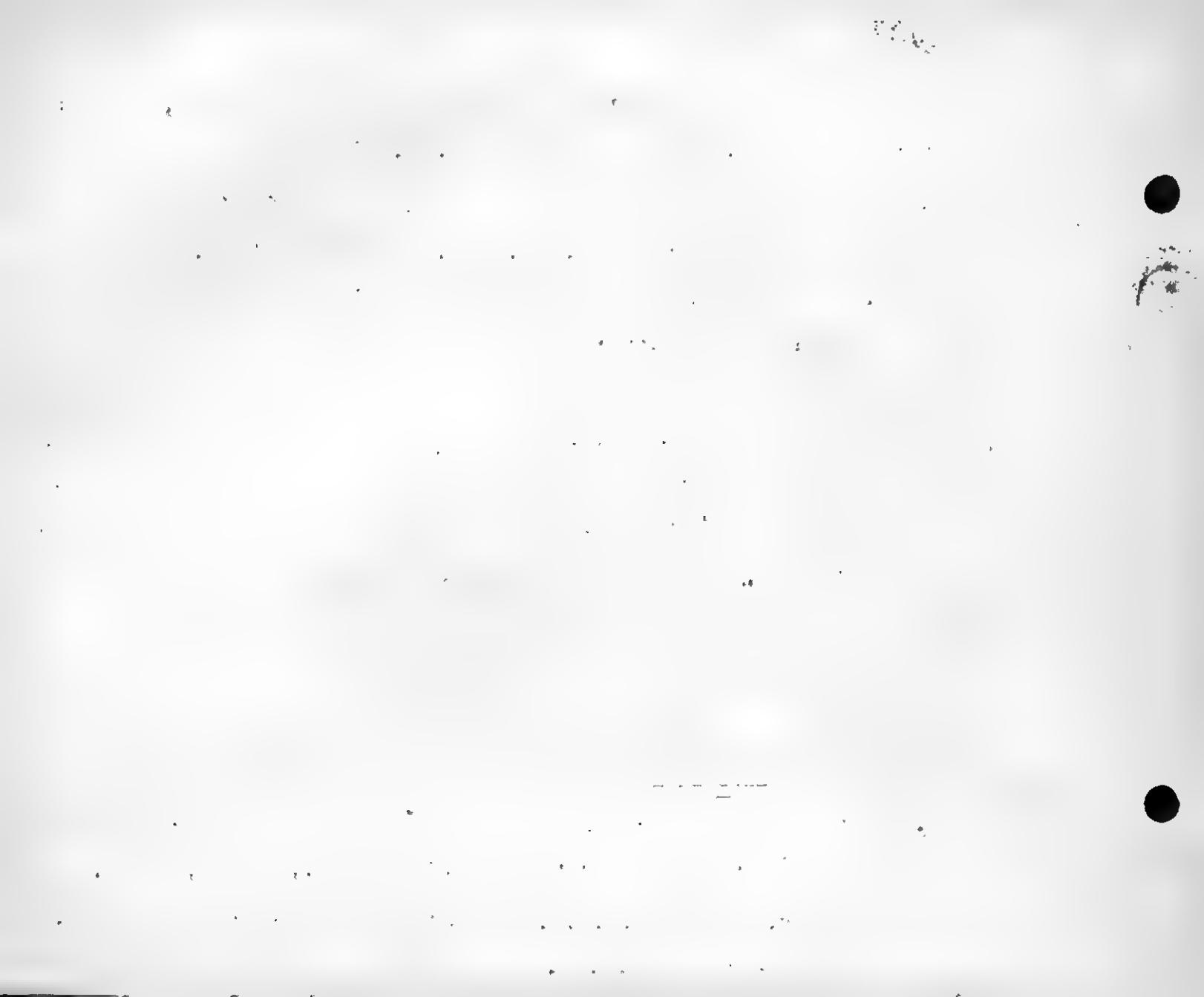
CERTIFICATE OF DEATH

14443

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exhibited within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

| | | | | | | | | |
|---|---|--|--|---|---|----------------------------|--|--|
| 1. DECEASED NAME
(Type or print) | First
CHARLES | Middle
HERBERT | Last
LUDWIG | 2a. DATE OF DEATH
Month
OCTOBER | Day
30 | Year
1968 | 2b. HOUR
9:20A M | |
| 3. SEX
Male | 4. RACE
White | 5. DATE OF BIRTH
Jan. 19, 1916 | | 6. AGE (in years
last birthday)
52 | 7. MONTHS
YRS. | IF UNDER
MONTHS
DAYS | IF UNDER 24 HRS.
HOURS
MIN | |
| 7a. BIRTHPLACE (State or foreign
country)
Maryland | 7b. CITIZEN OF WHAT COUNTRY?
USA | B. MARRIED
<input type="checkbox"/> NEVER MARRIED
<input type="checkbox"/> WIDOWED
<input checked="" type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH
Garrett | | | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett Co. Mem. Hosp. | | 12a. US/JAL RESIDENCE (Where deceased lived, if institution. Residence before
admission) STATE
Md. | | 12b. USUAL OCCUPATION (Kind of work done
djt nc t f c k n l's ever if retired)
Unemployed | | 12b. KIND OF BUSINESS OR
INDUSTRY
Coal | |
| 13a. U.S./JAL RESIDENCE (Where deceased lived, if institution. Residence before
admission) STATE
Md. | 13b. COUNTY
Garrett | 13c. CITY OR TOWN
Oakland | 13d. INSIDE CITY LIMITS
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER
Rt 2 | | | | |
| 14. FATHER'S NAME
James | Middle
Ludwig | Last | 15. MOTHER'S MAIDEN NAME
Amanda | Middle
Oates | Last | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
no | 16b. SOCIAL SECURITY NO
232-09-5383 | 17. INFORMANT
See E. Ludwig, Libr. R. Box 62A
Winchester, Va. | Address | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
Acute Pulmonary Edema | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
24 hours | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF
Congestive heart failure
(b) | | 2 weeks | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF
Bronchiectasis - Emphysema
(c) | | 5 years | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Right hemiplegia due to cerebral vascular accident | | | | | | | | |
| 19a. MEDICAL CERTIFICATION
DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | | | | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING
<input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | 21b. TIME OF INJURY
Hour A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | 21e. PLACE OF INJURY
(AT HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from Oct., 1966, to Oct. 30, 1968, that (I) (we) last saw the deceased alive on Oct. 30, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | |
| 22b. SIGNATURE
Herbert H. Leighton | DEGREE
ATTENDING PHYS. | <input checked="" type="checkbox"/> MED. DIRECTOR | <input type="checkbox"/> STAFF PHYS. | 22c. DATE SIGNED
30 Oct 1968 | | | | |
| 22d. PHYSICIAN'S NAME (Type)
HERBERT H. LEIGHTON, M.D. | 22e. ADDRESS
Oak @ 5th Sts., Oakland, Maryland | | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | 23b. DATE
Nov. 2, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL
I.O.O.F. Cemetery | 23d. LOCATION (City or Town)
Elk Garden, Mineral, W.V. | (County) | (State) | | | |
| 24. FUNERAL DIRECTOR
John Wesley Thomas, W. Va., 26292 | ADDRESS | 25a. REC'D BY REGISTRAR
NOV 4 1968 | 25b. REGISTRAR'S SIGNATURE
Charles Judge | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 14437

14444

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon paper, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | | | |
|--|--|---|-------------------|---|---------------------------------------|---|--------------|---|---------------------------------|
| 1. DECEASED NAME
(Type or print) | | First
Sylvia | Middle
Rachael | Last
Maffett | 2a. DATE OF DEATH
Month
October | Day
16 | Year
1968 | 2b. HOUR a.m.
10:15 | |
| 3. SEX
Female | | 4. RACE
White | | 5. DATE OF BIRTH
Dec. 6, 1893 | | 6. AGE (in years
last birthday)
74 yrs | | IF UNDER 1 YEAR
MONTHS
DAYS | IF UNDER 24 HRS
HOURS
MIN |
| 7a. BIRTHPLACE (State or foreign country)
New York | | 7b. CITIZEN OF WHAT COUNTRY?
USA | | 8. MARRIED
<input checked="" type="checkbox"/> NEVER MARRIED
<input type="checkbox"/> WIDOWED
<input checked="" type="checkbox"/> DIVORCED | | 9. COUNTY OF DEATH
Garrett | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Cuppert-Weeks Nursing | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired)
Housewife | | 12b. KIND OF BUSINESS OR
INDUSTRY
Own Home | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution-
admission) STATE
Maryland | | 13b. COUNTY
Garrett | | 13c. CITY OR TOWN
Oakland | | 13d. INSIDE CITY LIMITS?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 13e. STREET AND NUMBER
Rt. 1 Box 252 | |
| 14. FATHER'S NAME
Rolandus David Fink | | 15. MOTHER'S MAIDEN NAME
Charlotte | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
no | | 16b. SOCIAL SECURITY NO.
217-14-4061 | | 17. INFORMANT
Hugh Maffett | | Address
Rt. 1 Oakland, Md. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) <i>Carter & Gertrude Cray</i>
DUE TO, OR AS A CONSEQUENCE OF <i>Years</i>
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
(b) <i>Acute Myelitis</i>
DUE TO, OR AS A CONSEQUENCE OF <i>Years</i>
(c) <i>Years</i> | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | |
| MEDICAL CERTIFICATION | | 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | |
| | | 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input checked="" type="checkbox"/>
at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. | | City or Town | | County State | |
| 22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last
saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) <input checked="" type="checkbox"/> (did) (did not) view the body after death. | | | | | | | | | |
| 22b. SIGNATURE
<i>A.E. Maurice Thru</i> | | 22c. DEGREE
ATTENDING PHYS. | | <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22d. DATE SIGNED
17 Oct 68 | | | |
| 22d. PHYSICIAN'S NAME (Type)
<i>Herald D. Minnich</i> | | 22e. ADDRESS
Oakland, Maryland | | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | | 23b. DATE
10/19/68 | | 23c. NAME OF CEMETERY OR CREMATORIUM
Oakland Cemetery | | 23d. LOCATION (City or Town)
Oakland, Maryland | | (County) (State) | |
| 24. FUNERAL DIRECTOR
<i>Herald D. Minnich</i> | | ADDRESS
Oakland, Maryland | | 25a. REC'D. BY REGISTRAR
OCT 24 1968 | | 25b. REGISTRAR'S SIGNATURE
<i>Charles Judge</i> | | | |



14438

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14445

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

| | | | | | |
|---|------------------|---|---|---|---|
| 1. DECEASED NAME
(Type or print) | First
Charles | Middle
(None) | Last
Povish | 2a. DATE OF DEATH
Month
October 11, 1968
Year | 2b. HOUR
3:15 P.M. |
| 3. SEX
Male | 4 RACE
White | 5. DATE OF BIRTH
Aug. 3, 1899 | | 6. AGE (In years
lost birthday)
69 yrs. | |
| 7a. BIRTHPLACE (State or foreign
country)
Lithuania | | 7b. CITIZEN OF WHAT COUNTRY?
U.S.A. | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 10. CITY OR TOWN OF DEATH
Oakland | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett Co. Memorial | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, if retired)
Miner-Retired | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before
admission) <input checked="" type="checkbox"/> Maryland | | 13c. CITY OR TOWN
Garrett Kitzmiller | | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER
Center Street |
| 14. FATHER'S NAME
First
Joseph | | Middle
Povish | Last | 15. MOTHER'S MAIDEN NAME
First
Paulina | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
<input checked="" type="checkbox"/> No | | 16b. SOCIAL SECURITY NO
217-03-8462 | | 17. INFORMANT
Mrs. Mary Povish, Kitzmiller, Md. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) <i>Pulmonary Edema - Terminal Pneumonia</i> APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF <i>2 weeks</i>
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
(b) <i>Melastatic Carcinoma</i> BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(c) <i>Carcinoma of Right Lung</i> 1 Year +
1 Year + | | | | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)
143. | | | | | |
| 19a. MEDICAL CERTIFICATION
DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? |
| 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
of work <input type="checkbox"/> at work | | 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No | City or Town | County State |
| 22a. I certify that (I) (this hospital) attended the deceased from <i>Jan 25, 1965, to Oct 17, 1968</i> , that (I) (we) last
saw the deceased alive on <i>Oct 17, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE
<i>Herbert H. Leighton</i> | | DEGREE
ATTENDING
PHYS. | <input checked="" type="checkbox"/> MED.
DIRECTOR | <input type="checkbox"/> STAFF
PHYS. | 22c. DATE SIGNED
<i>15 Oct 68</i> |
| 22d. PHYSICIAN'S
NAME (Type)
Herbert H. Leighton, M.D. | | 22e. ADDRESS
Oakland, Md. 21550 | | | |
| 23a. BURIAL, CREMATION,
BURNING (Check if applicable)
Burial | | 23b. DATE
Oct. 17/68 | 23c. NAME OF CEMETERY OR CREMATORIAL
Kalbaugh Cemetery | 23d. LOCATION (City or Town)
Elk Garden, Mineral Co. W. Va. | (County) (State) |
| 24. FUNERAL DIRECTOR
<i>Mildred Sharpe, P.O. KITZMILLER, MD.</i> | | ADDRESS
Blaine, W. Va. | 25a. REC'D. BY REGISTRAR
DATE
OCT 18 1968 | 25b. REGISTRAR'S SIGNATURE
<i>Charles Judge</i> | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

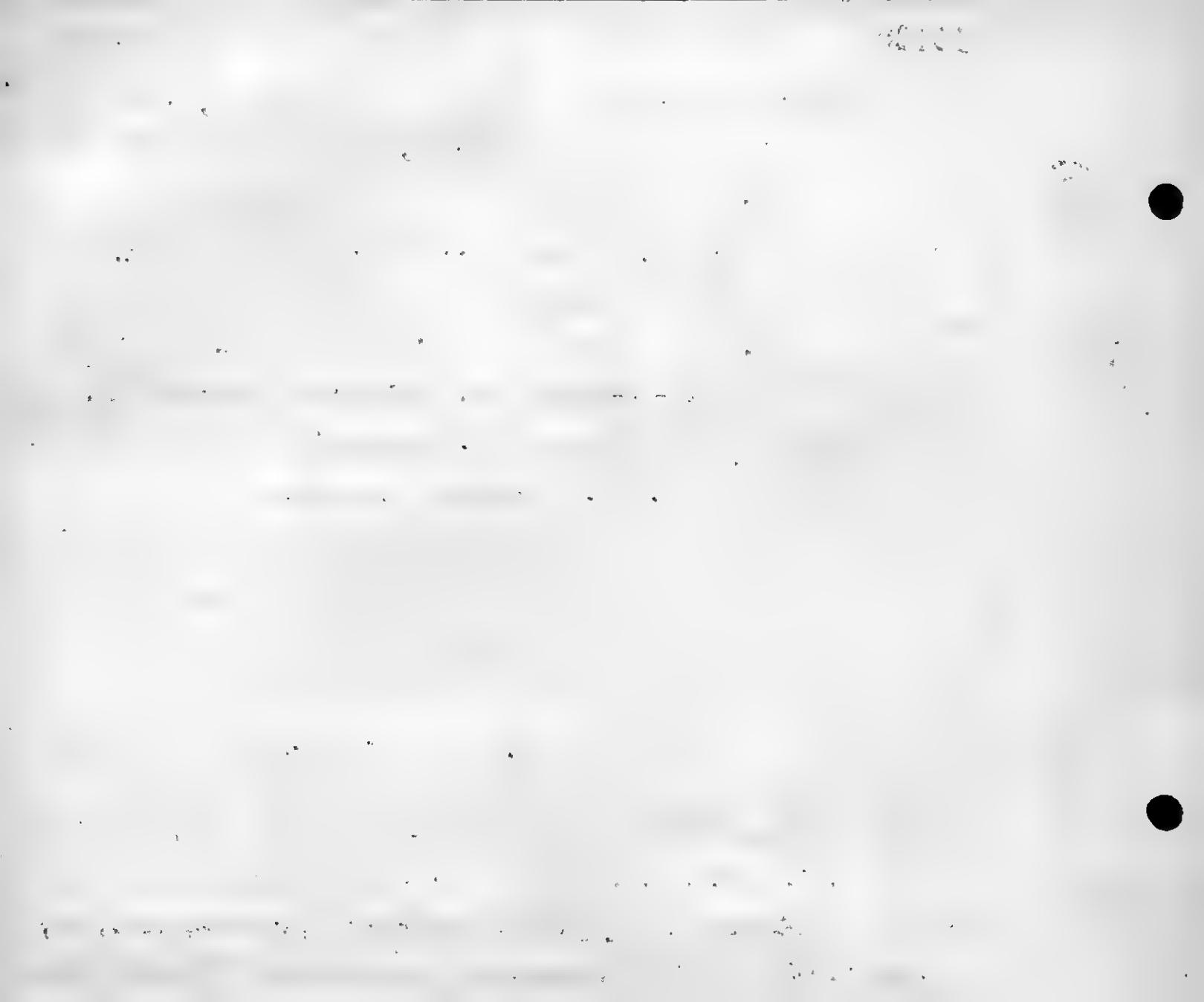
CERTIFICATE OF DEATH

14446

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|--------------------------------------|------------------------------------|--|
| 1. DECEASED NAME
(Type or print) | First
DAISY | Middle
(NMI) | Last
SAVAGE | 2a. DATE OF DEATH
Month
October | Day
9 | Year
68 | 2b. HOUR
11:58 | | | | |
| 3. SEX
Female | 4. RACE
White | 5. DATE OF BIRTH
June 20, 1886 | | 6. AGE (in years
(as of birthday)
82 | YRS. | | IF UNDER 1 YEAR
MONTHS
0 | IF UNDER 24 HRS
DAYS
0 | IF UNDER 24 HRS
HOURS
0 | IF UNDER 24 HRS
MIN
0 | |
| 7a. BIRTHPLACE (State or foreign country)
Maryland | 7b. CITIZEN OF WHAT COUNTRY?
USA | 8. MARRIED
<input checked="" type="checkbox"/> NEVER MARRIED
<input type="checkbox"/> | WIDOWED
<input checked="" type="checkbox"/> | 9. COUNTY OF DEATH
Garr. | | | | | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)
Oak Rest Nursing Home | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)
Clerk | 12b. KIND OF BUSINESS OR INDUSTRY
Gen. Store | | | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE
Maryland | 13b. COUNTY
Garr. | 13c. CITY OR TOWN
McHenry | 13d. INSIDE CITY LIMITS?
<input checked="" type="checkbox"/> YES
<input type="checkbox"/> ND | 13e. STREET AND NUMBER | | | | | | | |
| 14. FATHER'S NAME
First
John | Middle
W. | Last
Friend | 15. MOTHER'S MAIDEN NAME
First
Mary | Middle
E. | Last
Markley | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)
No | 16b. SOCIAL SECURITY NO.
(if yes give year or dates of service)
220-30-8507A | 17. INFORMANT
Mrs. Verlyn Carr, McHenry, Md. | Address (Daughter) | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH | | | |
| PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis | | | | | | | | 12 | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause
Arteriosclerosis - general. | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerosis - general. | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF
(c) | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | |
| MEDICAL CERTIFICATION | | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | |
| | | | | | | <input type="checkbox"/> YES
<input checked="" type="checkbox"/> ND | | | | | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING
<input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. 10 Month Dec Day 19 Year
1968 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b) | | | | | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> | | 21e. PLACE OF INJURY
(AT HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. 10 City or Town Oakland County Maryland State Md. | | | | | | | | |
| 22a. I certify that (I) (this hospital) attended the deceased from Sept , 19 66 , to Oct , 19 68 , that (I) (we) last saw the deceased alive on Oct 2 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | | |
| 22b. SIGNATURE
B. L. Grant, M.D. | | | | | | | | | | | |
| 22d. PHYSICIAN'S NAME (Type) | | 22e. ADDRESS
Oakland, Maryland | | | 22f. DATE SIGNED
10-10-68 | | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | | 23b. DATE
10/12/68 | 23c. NAME OF CEMETERY OR CREMATORIAL
Thayerville Cemetery | | | 23d. LOCATION (City or Town)
Thayerville, Garr., Md. | | (County) | | (State) | |
| 24. FUNERAL DIRECTOR
John O. Durst | | ADDRESS
John O. Durst, Oakland, Maryland | | | 25a. REC'D BY REGISTRAR
Charles Judge | | 25b. REGISTRAR'S SIGNATURE | | | | |
| | | | | | DATE
OCT 14 1968 | | | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14440

14447

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.**Page 4 may be retained by the hospital or attending physician.**
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

| | | | | | | |
|--|--|--|---|--|---|---------------------------|
| 1 DECEASED NAME
(Type or print) | First
Konstantin | Middle
Stanley | Last
Stulpin | 2a DATE OF DEATH
Month
Oct. 27. | Year
1968 | 2b. HOUR
a.m.
11:45 |
| 3 SEX
Male | 4 RACE
White | S DATE OF BIRTH
March 17, 1886 | 6 AGE (in years
last birthday)
82 | F UNDER 1 YEAR
MONTHS
YRS. | | |
| 7a BIRTHPLACE (State or foreign
country)
Lithuania | 7b CITIZEN OF WHAT COUNTRY?
USA | 8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9 COUNTY OF DEATH
GARRETT | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Rt. 2 | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired)
Miner | | | 12b. KIND OF BUSINESS OR
INDUSTRY
Coal | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
Maryland | 13b. COUNTY
Garrett | 13c. CITY OR TOWN
Oakland | 13d. INSIDE CITY LIMITS?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER
Rt. 2 | | |
| 14. FATHER'S NAME
unk. | First | Middle | Last | 15. MOTHER'S MAIDEN NAME
unk. | Middle | Last |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
no | 16b. SOCIAL SECURITY NO
232-29-5385 | 17. INFORMANT
Mrs. William Lucas | Address
Rt. 2 Oakland, Md. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) <i>arteriosclerosis</i> | | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
years | | |
| 4401
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
last. | | | | | | |
| (b)
DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| (c)
DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4401
<i>Chronic pulmonary disease</i> | | | | | | |
| 19a. MEDICAL CERTIFICATION
DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | |
| 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b) | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State | |
| 22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last
saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | |
| 22b. SIGNATURE
<i>A. E. Mance</i> | | 22c. DEGREE
ATTENDING
PHYS. | <input checked="" type="checkbox"/> MED
DIRECTOR | <input type="checkbox"/> STAFF
PHYS. | 22d. DATE SIGNED
1968 | |
| 22d. PHYSICIAN'S
NAME (Type) | A. E. Mance | | | 22e. ADDRESS
Oakland, Md. | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | 23b. DATE
10/29/68 | 23c. NAME OF CEMETERY OR CREMATORIAL
St. Peter's Ch. Cem. | 23d. LOCATION (City or Town)
Oakland, Maryland | (County) | (State) | |
| 24. FUNERAL DIRECTOR
<i>Gerald Minnick</i> | ADDRESS
Oakland, Maryland | | 25a. REC'D BY REGISTRAR
DATE OCT 31 1968 | 25b. REGISTRAR'S SIGNATURE
<i>Charles Judge</i> | | |



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14441

14448

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician. Page 4 may be retained by the hospital or attending physician. Director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|--|--|
| 1 DECEASED NAME
(Type or print) | | First
George | Middle
Wesley | Last
Thomas | 2a. DATE OF DEATH
Month
October | Day
7 | Year
1968 | 2b. HOUR
2:23 M | | |
| 3 SEX
Male | | 4. RACE
White | 5. DATE OF BIRTH
February 10, 1893 | | 6 AGE (In years
last birthday)
75 | | IF UNDER 1 YEAR
MONTHS
0 | | IF UNDER 24 HRS.
MONTHS
0 | |
| 7a. BIRTHPLACE (State or foreign
country)
W.Va. | | 7b. CITIZEN OF WHAT COUNTRY?
U.S.A. | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | 9. COUNTY OF DEATH
Garrett | | | | | |
| 10 CITY OR TOWN OF DEATH
Oakland | | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Garrett Co. Memorial Hosp. | | | 12a. USUAL OCCUPATION (Kind of work done
during month working whenever required)
Retired Miner | | | 12b. KIND OF BUSINESS OR
INDUSTRY
Coal Mines | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
W.Va. | | 13b. COUNTY
Mineral | 13c. CITY OR TOWN
Elk Garden | | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 13e. STREET AND NUMBER
Shaw Rd. | | | |
| 14. FATHER'S NAME
First
David | | Middle
- | Last
Thomas | 15. MOTHER'S MAIDEN NAME First
Middle
Mary | | Last
Green | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or (unknown)
No | | 16b. SOCIAL SECURITY NO
(If yes give war or dates of service)
236-03-8252 | | 17. INFORMANT
Mrs. Emma M. Thomas | | Address
Elk Garden, W.Va. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
1517 | | DUE TO, OR AS A CONSEQUENCE OF
Carcinoma Stomach | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
months | | | | | | |
| Conditions, if any, which gave
rise to immediate cause (a)
stating the underlying cause
lost.
1517 | | (b) Pneumonia | | DUE TO, OR AS A CONSEQUENCE OF
weeks | | | | | | |
| (c) Alcoholism | | | | DUE TO, OR AS A CONSEQUENCE OF
years | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
151X | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | | | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY
(OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. | | City or Town | | County | State | |
| 22a. I certify that (I) (this hospital) attended the deceased from Sept. 5, 1967 , to Oct. 6, 1968 , that (I) (we) last
saw the deceased alive on Oct. 6, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | |
| 22b. SIGNATURE
A. E. Mance | | DEGREE
Dr. | ATTENDING
PHYS.
<input checked="" type="checkbox"/> MED.
DIRECTOR | <input type="checkbox"/> STAFF
PHYS. | 22c. DATE SIGNED
Oct. 6, 1968 | | | | | |
| 22d. PHYSICIAN'S
NAME (Type)
Dr. A. E. Mance | | 22e. ADDRESS
Oakland, Maryland 21550 | | | | | | | | |
| 23a. BURIA, CREMATION,
Burial (Select)
Burial | | 23b. DATE
Oct. 9/68 | | 23c. NAME OF CEMETERY OR CREMATORIAL
I.O.O.F. Cemetery | | 23d. LOCATION (City or Town)
Elk Garden, Mineral, W.Va. | | (County)
Elk Garden, Mineral, W.Va. | (State)
W.Va. | |
| 24. FUNERAL DIRECTOR
Amy Wilder Shapley | | 24b. ADDRESS
Baltimore, W.Va. | | 25a. REC'D BY REGISTRAR
P.O. Kitzmiller, MD | | 25b. REGISTRAR'S SIGNATURE
OCT 11 1968 Charles Judge | | | | |



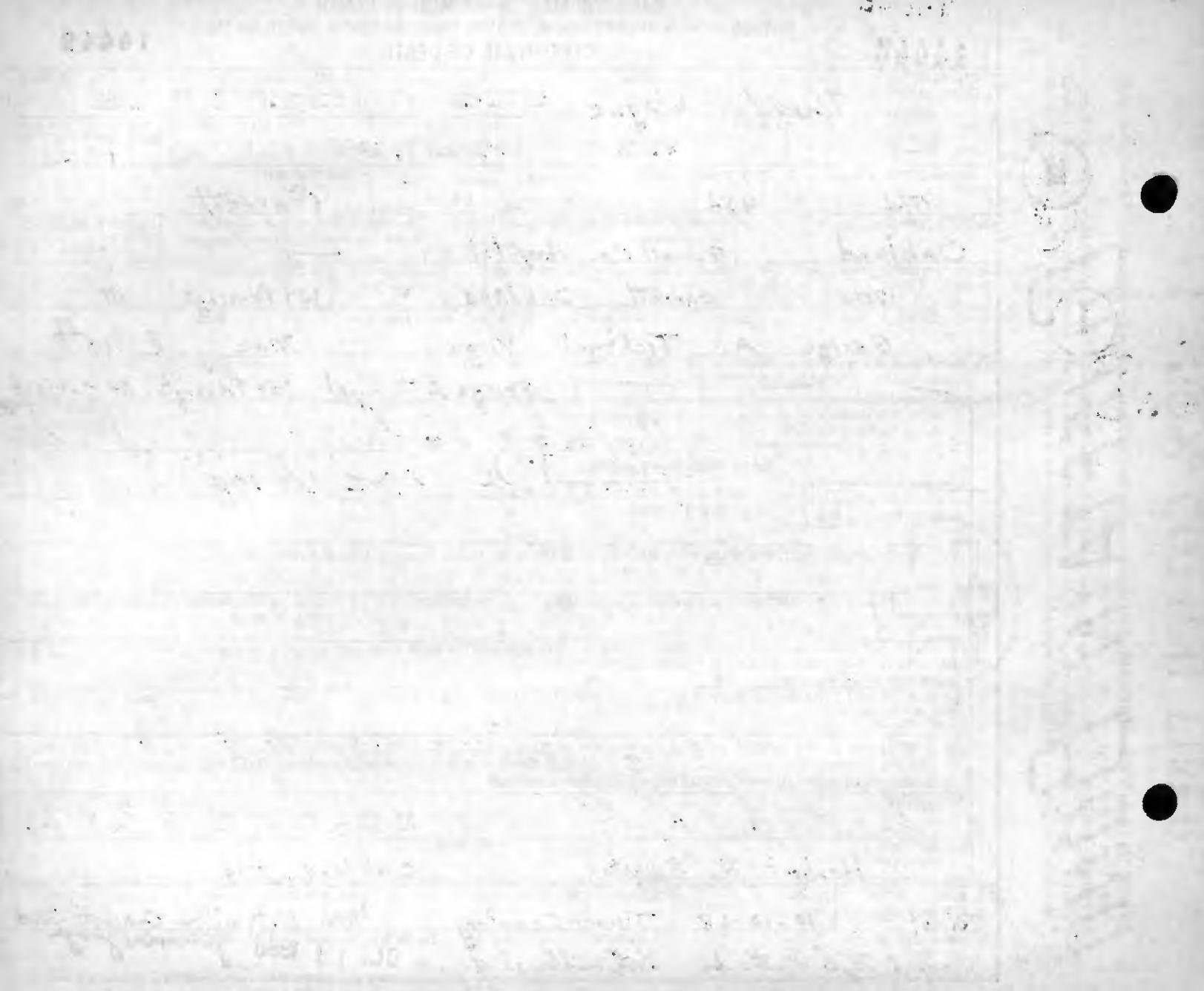
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14449

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician, page 4 may be retained by the hospital or attending physician. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 from this certificate, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 24 hours after death.

| | | | | | | |
|--|--|--|---|--|---|--|
| 1. DECEASED NAME
(Type or print) | | First
<i>David</i> | Middle
<i>Wayne</i> | Last
<i>TICHINEL</i> | 2a. DATE OF DEATH
OCTOBER 8 Day
1968 | 2b. HOUR
12 M. |
| 3. SEX
MALE | | 4. RACE
WHITE | 5. DATE OF BIRTH
OCTOBER 7, 1968 | | 6. AGE (In years
last birthday)
YRS. 12 | |
| 7a. BIRTHPLACE (State or foreign
country)
<i>MD</i> | | 7b. CITIZEN OF WHAT COUNTRY?
<i>USA</i> | 8. MARRIED
WIDOWED | | 9. COUNTY OF DEATH
<i>Garrett</i> | |
| 10. CITY OR TOWN OF DEATH
<i>Oakland</i> | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
<i>Garrett Co. Hospital</i> | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired.)
<i>—</i> | | 12b. KIND OF BUSINESS OR
INDUSTRY
<i>—</i> |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
<i>MD</i> | | 13b. COUNTY
<i>Garrett</i> | 13c. CITY OR TOWN
<i>OAKLAND</i> | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER
<i>104 Pennington, St.</i> | |
| 14. FATHER'S NAME First
<i>George</i> | | Middle
<i>A.</i> | Last
<i>Tichinel</i> | 15. MOTHER'S MAIDEN NAME First
<i>Virginia</i> | Middle
<i>Mac</i> | Last
<i>Elliott</i> |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
<i>—</i> | | 16b. SOCIAL SECURITY NO.
<i>—</i> | | 17. INFORMANT
<i>George A Tichinel</i> | Address
<i>104 Pennington St. Oakland</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
<i>776.2</i> | | DUE TO, OR AS A CONSEQUENCE OF
(b)
<i>Prematurity (wt. 1lb 13oz)</i> | | | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
<i>1 1/2 days</i> |
| Conditions, if any, which gave
rise to immediate cause (a).
stating the underlying cause
<i>last.</i> | | (c)
<i>—</i> | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
<i>7735</i> | | | | | | |
| 19a. DATE OF OPERATION
<i>—</i> | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
<i>—</i> | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH?
<i>—</i> | |
| 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner)
<i>—</i> | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
<i>—</i> | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.)
<i>—</i> | 21f. LOCATION Street or R.F.D. No.
<i>—</i> | City or Town
<i>—</i> | County
<i>—</i> | State
<i>—</i> |
| 22a. I certify that (I) (this hospital) attended the deceased from <i>10/7/68</i> , to <i>10/8/68</i> , that (I) (we) last
saw the deceased alive on <i>10/8/68</i> , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | |
| 22b. SIGNATURE
<i>Robert H. Seigher</i> | | DEGREE
<i>—</i> | ATTENDING
PHYS.
<input checked="" type="checkbox"/> | MED.
DIRECTOR
<input type="checkbox"/> | STAFF
PHYS.
<input type="checkbox"/> | 22c. DATE SIGNED
<i>8 Oct 68</i> |
| 22d. PHYSICIAN'S
NAME (Type)
<i>Herbert H. Seigher</i> | | 22e. ADDRESS
<i>OAKLAND, MD</i> | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
<i>Burial</i> | | 23b. DATE
<i>10-10-68</i> | 23c. NAME OF CEMETERY OR CREMATORIUM
<i>Turner Cemetery</i> | | 23d. LOCATION (City or Town)
<i>IRFD Kitzmiller Garrett</i> | (County)
<i>Garrett</i> |
| 24. FUNERAL DIRECTOR
<i>Robert Kyle Ruths Jr.</i> | | ADDRESS
<i>Kitzmiller, Md.</i> | 25a. REC'D BY REGISTRAR
DATE
<i>OCT 14 1968</i> | | 25b. REGISTRATION NUMBER
<i>Judge</i> | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14443

14450

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Boxes 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

| | | | | | | | |
|--|--|---|---|--|---|---|-------------------|
| 1. DECEASED NAME
(Type or print) | First
Airey | Middle
William | Lost
Whitehead | 2a. DATE OF DEATH
Month
October | Day
19 | Year
1968 | 2b. HOUR
11:45 |
| 3. SEX
Male | 4. RACE
White | 5. DATE OF BIRTH
April 10, 1905 | | 6. AGE (In years
last birthday)
63 yrs. | | IF UNDER 1 YEAR
MONTHS DAYS HOURS
0 0 0 | |
| 7a. BIRTHPLACE (State or foreign
country)
Frostburg, Md. USA | 7b. CITIZEN OF WHAT COUNTRY?
Frostburg, Md. USA | B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. COUNTY OF DEATH
GARRETT | | | | |
| 10. CITY OR TOWN OF DEATH
Oakland | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital
give street address)
Oak Rest Nursing Home | | 12a. USUAL OCCUPATION (Kind of work done
during most of working life, even if retired.)
Miner | | 12b. KIND OF BUSINESS OR
INDUSTRY
Coal | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before
admission) STATE
Maryland | 13b. COUNTY
Alleghany | 13c. CITY OR TOWN
Midlothian | 13d. INSIDE CITY LIMITS?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER | | | |
| 14. FATHER'S NAME
William | Middle
Whitehead | 15. MOTHER'S MAIDEN NAME
Amanda | | | Middle | Lost
Eisenrout | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown
no | 16b. SOCIAL SECURITY NO.
(If yes give war or dates of service)
213-05-7103 | 17. INFORMANT
Mrs. Minnie T. Whitehead | Address
Midlothian, Md. | | APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
hr. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>
4109 DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave
rise to immediate cause (a),
stating the underlying cause
last.
(b) <u>arteriosclerosis</u>
DUE TO, OR AS A CONSEQUENCE OF
(c) | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4201 | | | | | | | |
| 19a. DATE OF OPERATION
4201 | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
CAUSES OF DEATH? | | |
| 21a. ACCIDENT WAS UNDERLYING
<input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH
(If either, notify medical examiner) | | 21b. TIME OF INJURY
HOUR A.M. Month Day Year
P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) | | | | |
| 21d. INJURY OCCURRED
While <input type="checkbox"/> Not while <input type="checkbox"/>
at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY,
OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State | |
| 22a. I certify that (I) (this hospital) attended the deceased from <u>Aug</u> , 19 <u>68</u> , to <u>Oct</u> , 19 <u>68</u> , that (I) (we) last
saw the deceased alive on <u>10-19-68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the
causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE
<u>B. L. Grant</u> | | DEGREE
M.D. | ATTENDING
PHYS. | <input checked="" type="checkbox"/> MED.
DIRECTOR | <input type="checkbox"/> STAFF
PHYS. | 22c. DATE SIGNED
Oct 23 1968 | |
| 22d. PHYSICIAN'S
NAME (Type)
B. L. Grant, | | 22e. ADDRESS
Oakland, Md. | | | | | |
| 23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial | | 23b. DATE
10/22/68 | 23c. NAME OF CEMETERY OR CREMATORIUM
Frostburg Mem. Park | 23d. LOCATION (City or Town)
Frostburg, Md. | (County) | | (State) |
| 24. FUNERAL DIRECTOR
Joseph R. Durst, Frostburg, Md. 21532 | | ADDRESS | 25a. REC'D BY REGISTRAR
OCT 23 1968 | | 25b. REGISTRAR'S SIGNATURE
<u>Charles J. Young</u> | | |

